

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Foamix Limited

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation- State: Israel
☐ Other _____

Citizenship (see guidelines) IsraelAdditional names of conveying parties attached? ☐ Yes ☒ No**3. Nature of conveyance /Execution Date(s) :**Execution Date(s) June 1st 2014

- ☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Other _____

2. Name and address of receiving party(ies)Additional names, addresses, or citizenship attached? ☐ Yes ☒ NoName: Foamix Pharmaceuticals Limited

Internal

Address: _____

Street Address: 2 Holzman Street Weizmann Science ParkCity: Rehovot

State: _____

Country: Israel Zip: 7670402

- ☐ Association Citizenship _____
☐ General Partnership Citizenship _____
☐ Limited Partnership Citizenship _____
☒ Corporation Citizenship Israel
☐ Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No
(Designations must be a separate document from assignment)**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

4254380

Additional sheet(s) attached? ☒ Yes ☐ NoC. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
O G OILGEL**5. Name & address of party to whom correspondence concerning document should be mailed:**Name: Tami Winitz-Yehezkel

Internal Address: _____

Street Address: 2 Holzman Street Weizmann Science ParkCity: RehovotState: Israel Zip: 7670402Phone Number: Tel: +972-8-9316233 (Ext. 410)

Fax Number: _____

Email Address: tami.winitz@foamixpharma.com**6. Total number of applications and registrations involved:**

17

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 440

- ☒ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed

8. Payment Information:a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

//David Schuz//

March 15th 2015

Signature

Date

David Schuz

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450**TRADEMARK****REEL: 005480 FRAME: 0211**

CONTINUATION OF ITEM 4 -FOAMIX PHARMACEUTICALS LIMITED REGISTERED TRADE MARKS

	Serial Number	Reg. Number	Word Mark	Check Status	Live/Dead
1	85053407	4254380	O G OILGEL	TSDR	LIVE
2	78738876	3750742	TOPIMOUSSE	TSDR	LIVE
3	78651751	3888107	PERFOAM	TSDR	LIVE
4	78605573	4068008	FOAMIX 24	TSDR	LIVE
5	78605572	4068007	FOAMIX24	TSDR	LIVE
6	78577971	3652636	LICENSE TO FOAM	TSDR	LIVE
7	78577969	3745433	ACYCLOFOAM	TSDR	LIVE
8	78577965	3865945	METRO MOUSSE	TSDR	LIVE
9	78577964	3812214	U FOAM	TSDR	LIVE
10	78368283	3555212	FOAMIX	TSDR	LIVE
11	77908632	4195000	UFOAM	TSDR	LIVE
12	77906625	4115430	FOAMEDIC	TSDR	LIVE
13	77904907	4102829	FASTREAT	TSDR	LIVE
14	77773079	3918514	LICENSE TO FOAM	TSDR	LIVE
15	77764745	3833599	FOAMIX	TSDR	LIVE
16	77602766	3786696	LICENSE TO FOAM	TSDR	LIVE
17	77344347	4396373	FOAMIX	TSDR	LIVE

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